



Austin, TX  
5929 Balcones Drive, Suite 200  
Austin, TX 78731-4280  
Phone: 512.343.2544  
Fax: 512.343.0119

June 30, 2014

**VIA ECFS**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

RE: WC Docket Nos. 10-90 and 11-42  
Annual Report Pursuant to 47 C.F.R. §§ 54.313 and 54.422

Dear Ms. Dortch:

W.T. Services, Inc., Study Area Code 449001, by its authorized representative, files its FCC Form 481 - Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§ 54.313 and 54.422.

The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§ 54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Deb Morgan". The signature is written in a cursive, flowing style.

Authorized Representative for  
W.T. Services, Inc.

DM/pjf

Attachment

cc: Ms. Amy Linzey, W.T. Services, Inc.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	449001
<015>	Study Area Name	W. T. SERVICES, INC.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Rick Bartels
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8063643331 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	rickb@wtrt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		
<440>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile 0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	449001tx510.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	449001tx610.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	449001tx1010.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449001
<015>	Study Area Name	W. T. SERVICES, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartels
<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rickb@wtsc.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.




[200] Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

**<010> Study Area Code** 449001

<Q15>	Study Area Name	W. T. SERVICES, INC.
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<020> Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartels
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<035> Contact Telephone Number - Number of person identified in data line <030> 8063643331 ext.

<039>	Contact Email Address - Email Address of person identified in data line <030>	r1ckb@wtzt.net
-------	---	----------------

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3068-9986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	449001
<015>	Study Area Name	W. T. SERVICES, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartels
<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rickb@wtrt.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]





(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	JULY 2013

<010>	Study Area Code	449001
<015>	Study Area Name	W. T. SERVICES, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartala
<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rickb@wtrt.net
<810>	Reporting Carrier	W.T. Services, Inc.
<811>	Holding Company	West Texas Rural Telephone Cooperative, Inc.
<812>	Operating Company	W.T. Services, Inc.

[illegible]



(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 449001  
 <015> Study Area Name W. T. SERVICES, INC.  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Rick Bartels  
 <035> Contact Telephone Number - Number of person identified in data line <030> 8063643331 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> rickb@wtst.net

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0839  
July 2018

<010>	Study Area Code	449001
<015>	Study Area Name	W. T. SERVICES, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartels
<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rickb@wtzt.net

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

&lt;010&gt; Study Area Code 449001

&lt;015&gt; Study Area Name W. T. SERVICES, INC.

&lt;020&gt; Program Year 2015

&lt;030&gt; Contact Name - Person USAC should contact regarding this data Rick Bartels

&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt; 8063643331 ext.

&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt; rickb@wtst.net

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP [www.wtservices.net](http://www.wtservices.net)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒



## (2000) Price Cap Carrier Additional Documentation

## Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0586/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449001
<015>	Study Area Name	W. T. SERVICES, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartels
<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rickb@wtrt.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

## Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

## Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

## Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

## Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 487

Data Collection Form

OMB Control No. 3060-0065/CMB Control No. 3060-0819

July 2013

<010> Study Area Code 449001  
 <015> Study Area Name M. T. SERVICES, INC.  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Rick Bartels  
 <035> Contact Telephone Number - Number of person identified in data line <030> 8063643331 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> rickb@trt.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No)  
(Yes/No)

88

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

00

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0815 July 2015
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<010> Study Area Code	449001
<015> Study Area Name	W. T. SERVICES, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Rick Bartala
<035> Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	rickbawrt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	449001
<015> Study Area Name	W. T. SERVICES, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Rick Bartels
<035> Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	rickb@wtrt.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Deb Morgan</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>Deb Morgan</u>	
Name of Reporting Carrier: <u>W. T. SERVICES, INC.</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/30/2014</u>
Printed name of Authorized Officer: <u>Amy Linzey</u>	
Title or position of Authorized Officer: <u>CEO/GM</u>	
Telephone number of Authorized Officer: <u>8062765519 ext.</u>	
Study Area Code of Reporting Carrier: <u>449001</u>	Filing Due Date for this form: <u>07/01/2014</u>
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>W. T. SERVICES, INC.</u>	
Name of Authorized Agent or Employee of Agent: <u>Deb Morgan</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/30/2014</u>
Printed name of Authorized Agent or Employee of Agent: <u>Deb Morgan</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Manager Business Compliance</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>5126527705 ext.</u>	
Study Area Code of Reporting Carrier: <u>449001</u>	Filing Due Date for this form: <u>07/01/2014</u>
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	



## Attachments

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 449001

<015>	Study Area Name	W. T. SERVICES, INC.
-------	-----------------	----------------------

<020>	Program Year	2015
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<030> Contact Name - Person USAC should contact regarding this data Rick Bartels

<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person Identified in data line <030>	rickbowtrt.net
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1/1/2024

1000

<703>

[illegible]

### Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449001
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<015>	Study Area Name	W. T. SERVICES, INC.
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Rick Bartels
-------	---	--------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	8063643331 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	rickbowtzt.net
-------	---	----------------

&lt;711&gt;

[illegible]



## **LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE**

W.T. Services, Inc. complies with applicable service quality standards and consumer protection rules for its voice services and broadband services.

Service quality standards for voice service are established by the state commission. The Company consistently meets or exceeds those standards and provides reports to the state commission, in accordance with the state commission's rules.

The Company complies with any and all consumer protection obligations under state law.

The Company also complies with the following consumer best practices: (1) the Company discloses its rates and terms of service to customers; (2) the Company provides specific disclosures in its advertising; (3) the Company separately identifies carrier charges from taxes on its billing statements; (4) the Company provides ready access to customer service; (5) the Company promptly responds to consumer inquiries and complaints received from government agencies; and (6) the Company abides by policies for protection of consumer privacy.

Finally, the Company has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information (CPNI) rules (47 C.F.R. §§64.2001-64.2011). Certification of the Company's compliance with CPNI rules and a description of the Company's operating procedures that ensure compliance are filed annually with the FCC.

## **LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS**

W.T. Services, Inc. is able to function in emergency situations for both voice and broadband service. The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Company is able to reroute traffic around damaged facilities. Although the Company's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

## LINE 1010 – VOICE SERVICES RATE COMPARABILITY

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$46.96, which includes the federal subscriber line charge ("SLC").<sup>1</sup>

In the exchanges served by W.T. Services, Inc. ("the Company"), the highest single-line residential local rate, including any mandatory extended area service charge, is \$15.50. When the federal SLC (\$6.50) and the state universal service fee (\$.57) are included, the rate becomes \$22.57. Therefore, the Company's pricing of fixed voice services is less than the reasonable comparability benchmark of \$46.96.

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<sup>1</sup> *Wireline Competition Bureau Announces Results of Urban Rate Survey for Voice Services; Seeks Comment on Petition for Extension of Time to Comply With New Rate Floor*, WC Docket No. 10-90, DA 14-384 (rel. Mar. 20, 2014), p. 2.